| Fill in this information t | to identify your case: | | |
|----------------------------|------------------------|-------------------------------|---------------------------------|
| United States Bankruptcy | y Court for the: | | |
| SOUTHERN DISTRICT | OF NEW YORK | | |
| Case number (if known) | 19-22852-rdd | Chapter you are filing under: | |
| | | ☐ Chapter 7 | |
| | | ☐ Chapter 11 | |
| | | ☐ Chapter 12 | |
| | | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: | Identify Yourself | | | | |
|-----|-----------------------|--|--|---|--|--|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 1. | You | r full name | | | | |
| | Write | e the name that is on | Christine | | | |
| | | government-issued ire identification (for | First name | First name | | |
| | exar | mple, your driver's | A | | | |
| | license or passport). | Middle name | Middle name | | | |
| | | g your picture | Flynn | | | |
| | | tification to your ting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | | |
| 2. | used Inclu | other names you have d in the last 8 years ude your married or den names. | Christine Ann Di Bella | | | |
| 3. | youi num Indi | y the last 4 digits of r Social Security aber or federal vidual Taxpayer tification number | xxx-xx-4541 | | | |

Debtor 1 Christine A Flynn

Case number (if known) 19-22852-rdd

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 3 North Williams Street New City, NY 10956 | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Rockland County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Debtor 1 Christine A Flynn Pg 3 of 53

Case number (if known) 19-22852-rdd

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
|-----|---|---|-------------------------------|--|-------------------------|--|---|--|
| | choosing to file under | ☐ Chapter 7 ☐ Chapter 11 | | | | | | |
| | | | | | | | | |
| | | ☐ Cha | apter 12 | | | | | |
| | | ■ Cha | apter 13 | | | | | |
| | | | | | | | | |
| 8. | How you will pay the fee | I will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit can a pre-printed address. | | | | | | n, cashier's check, or money |
| | | | | the fee in installments. If y | | e this option, sign | and attach the Applica | ation for Individuals to Pay |
| | | | • | e <i>in Installment</i> s (Official For t my fee be waived (You ma | , | this option only if | you are filing for Char | oter 7. By law, a judge may |
| | | — k | out is not requapplies to you | | may do so able to pa | o only if your incor y the fee in install | me is less than 150% of ments). If you choose | of the official poverty line that this option, you must fill out |
| 9. | Have you filed for bankruptcy within the last 8 years? | □ No. ■ Yes | | | | | | |
| | | | District | Southern District of New York | When | 6/05/18 | Case number | 1822871 |
| | | | 5 : | Southern District of | | 6/23/14 | | 14-22883-rdd |
| | | | District | New York | _ When | 0/23/14 | Case number | 14-22003-1uu |
| | | | District | | _ When | | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | | | | | | |
| | | | Debtor | | | | Relationship to y | /ou |
| | | | District | | _ When | | Case number, if | known |
| | | | Debtor | | | | Relationship to y | /ou |
| | | | District | | _ When | | Case number, if | known |
| 11. | Do you rent your | ■ No. | Go to li | ne 12. | | | | |
| | residence? | ☐ Yes | . Has yo | ur landlord obtained an evict | ion judgm | ent against you? | | |
| | | | | No. Go to line 12. | | | | |
| | | | | Yes. Fill out <i>Initial Statemen</i> this bankruptcy petition. | t About ar | n Eviction Judgme | ent Against You (Form | 101A) and file it as part of |

Debtor 1 Christine A Flynn Case number (if known) 19-22852-rdd

| | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | o Part 4. | | | |
|------|---|-----------------------|---------------------------------------|--|--|--|--|
| | | ☐ Yes. | Name | e and location of business | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numl | ber, Street, City, State & ZIP Code | | | |
| | it to this petition. | | Chec | ck the appropriate box to describe your business: | | | |
| | | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines | s. If you in s, cash-f .C. 1116 | nder Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure i(1)(B). not filing under Chapter 11. | | | |
| | For a definition of small | ■ No. | | 2 | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | |
| | | ☐ Yes. | I am | filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| | | | | | | | |
| Pari | Report if You Own or | Have Any | Hazard | ous Property or Any Property That Needs Immediate Attention | | | |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and | Have Any No. ☐ Yes. | | ous Property or Any Property That Needs Immediate Attention the hazard? | | | |
| | Do you own or have any property that poses or is alleged to pose a threat | ■ No. | What is | | | | |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs | ■ No. | What is | the hazard? diate attention is | | | |

Debtor 1 Christine A Flynn

Case number (if known) 19-22852-rdd

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| DCD | Chinstine A Flyhin | | | Oddo Hall | 19-22032-1uu | | |
|-----|---|---|--|---|---|--|--|
| Par | 6: Answer These Quest | ions for Repo | orting Purposes | | | | |
| 16. | What kind of debts do you have? | in | re your debts primarily consum dividual primarily for a personal, No. Go to line 16b. | | efined in 11 U.S.C. § 101(8) as "incurred by an | | |
| | | | Yes. Go to line 17. | | | | |
| | | | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16c. St | ate the type of debts you owe the | at are not consumer debts or busir | ness debts | | |
| 17. | Are you filing under Chapter 7? | ■ No. la | I am not filing under Chapter 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | |
| | administrative expenses | | No | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | Yes | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | |
| 19. | How much do you estimate your assets to be worth? | \$0 - \$50, \$50,001 \$100,001 | \$100,000 - \$500,000 | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| 20. | How much do you estimate your liabilities to be? | □ \$0 - \$50, □ \$50,001 □ \$100,001 ■ \$500,001 | - \$100,000 | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion | | |
| Par | 7: Sign Below | | | | | | |
| For | you | I have exam | ined this petition, and I declare u | inder penalty of perjury that the infe | ormation provided is true and correct. | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | bankruptcy of and 3571. | case can result in fines up to \$25 | | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | /s/ Christine / Christine / Signature of | A Flynn | Signature of Deb | otor 2 | | |
| | | Executed on | July 31, 2019 MM / DD / YYYY | Executed on | /IM / DD / YYYY | | |

Debtor 1 Christine A Flynn Case number (if known) 19-22852-rdd

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Desired | e de Moya, Esq. | Date | July 31, 2019 |
|-----------------|------------------------------|---------------|-----------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Desiree de | e Moya, Esq. 251075 Ivon Ana | aya, Esq. | |
| Printed name | | | |
| de Moya 8 | k Associates, P.C. | | |
| Firm name | | | |
| 163 South | Main Street | | |
| New City, | NY 10956-3347 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | (845) 639-4600 | Email address | desiree@demoyalaw.com |
| 251075 NY | (| | |
| Par number 9 C | toto | | |

| Fill in this info | rmation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|------------------------------------|
| Debtor 1 | Christine A Flynn | 1 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | SOUTHERN DISTRICT | OF NEW YORK | |
| Case number | 19-22852-rdd | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| you | r original forms, you must fill out a new Summary and check the box at the top of this page. | | |
|-----|--|-------------|---------------------------|
| Pa | t 1: Summarize Your Assets | | |
| | | Your a | essets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 400,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 12,300.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 412,300.00 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | iabilities at you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 299,472.78 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 299,472.78 |
| | Your total liabilities | \$ | 598,945.56 |
| Pa | tt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 7,965.73 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 7,725.00 |
| Pa | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose "11 LLS C. § 101(8). Fill out lines 8-90 for statistical purposes 28 LLS C. § 159 | a personal | , family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Debtor 1 Christine A Flynn Pg 9 of 53 Case number (if known) 19-22852-rdd

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Opp the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | Pa 10 of 53 | | |
|---|--|---|---|--|
| Fill in this infor | mation to identify your case and t | | | |
| Debtor 1 | Christine A Flynn | | | |
| | First Name Middl | le Name Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name Middl | le Name Last Name | | |
| United States Ba | ankruptcy Court for the: SOUTHER | RN DISTRICT OF NEW YORK | | |
| Case number | 19-22852-rdd | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | orm 106A/B | | | |
| Schedu l | le A/B: Property | | | 12/15 |
| information. If mo Answer every que Part 1: Describe 1. Do you own or No. Go to Pa | re space is needed, attach a separate s stion. E Each Residence, Building, Land, or O have any legal or equitable interest in art 2. | ole. If two married people are filing together, both are sheet to this form. On the top of any additional pages ther Real Estate You Own or Have an Interest In any residence, building, land, or similar property? | | |
| ■ Yes. Where | is the property? | | | |
| 1.1 3 N Willia | ams Street | What is the property? Check all that apply | | |
| | s, if available, or other description | Single-family home Duplex or multi-unit building Condominium or cooperative | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| New City | NY 10956-0000 | ☐ Manufactured or mobile home☐ Land | Current value of the entire property? | Current value of the portion you own? |
| City | State ZIP Code | Investment property | \$400,000.00 | \$400,000.00 |
| | | ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one ☐ Debtor 1 only | Describe the nature of y (such as fee simple, ten a life estate), if known. Fee simple | our ownership interest ancy by the entireties, or |
| Rockland | l | Debtor 2 only | | |
| County | | Debtor 1 and Debtor 2 only | ☐ Check if this is com | nmunity property |
| | | At least one of the debtors and another Other information you wish to add about this iter property identification number: | n, such as local | |
| pages you l | have attached for Part 1. Write that | or all of your entries from Part 1, including any t number here | | \$400,000.00 |
| | e Your Vehicles | | | |
| | | rest in any vehicles, whether they are registere ort it on Schedule G: Executory Contracts and Une | | ehicles you own that |
| 3. Cars, vans, to | rucks, tractors, sport utility vehicle | es, motorcycles | | |
| ■ No | | | | |
| ☐ Yes | | | | |

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Case number (if known) 19-22852-rdd

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

| Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | ies |
|---|---|
| ■ No | |
| ☐ Yes | |
| | |
| 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here | |
| Part 3: Describe Your Personal and Household Items | |
| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No | · |
| ■ Yes. Describe | |
| Miscellaneous household furnishing, dinnig set, bedroom set, living room, china, kitchenware | \$4,000.00 |
| 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners including cell phones, cameras, media players, games □ No ■ Yes. Describe | ; music collections; electronic devices |
| Flat tv, cell phone, stereo, tablet, | \$2,500.00 |
| B. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; state other collections, memorabilia, collectibles ■ No □ Yes. Describe | mp, coin, or baseball card collections; |
| Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; musical instruments No ☐ Yes. Describe | canoes and kayaks; carpentry tools; |
| 10. Firearms | |
| 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe | |
| Shoes, belt, accessories, working suits, | \$3,200.00 |
| 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches □ No | s, gems, gold, silver |

Yes. Describe.....

Case number (if known) 19-22852-rdd Debtor 1 **Christine A Flynn** \$2,300.00 Everyday jewerly, wrist watch, wedding ring 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$12,000.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **Checking account Sterling National Bank** \$300.00 ending 9720 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Nο Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately.

Official Form 106A/B Schedule A/B: Property page 3

Institution name:

Type of account:

Debtor 1 Case number (if known) 19-22852-rdd **Christine A Flynn** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Surrender or refund Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information..

| Debt | or 1 | Christine A Flynn | | Case number (if known) | 19-22852-rdd |
|--------------|---------|--|----------------------------|-----------------------------|------------------|
| | | s against third parties, whether or not you have filed a law ples: Accidents, employment disputes, insurance claims, or rig | | and for payment | |
| | No | | | | |
| | Yes. | Describe each claim | | | |
| 34. C | Other (| contingent and unliquidated claims of every nature, inclu | ding counterclaims | of the debtor and rights to | set off claims |
| | No | | | | |
| | l Yes. | Describe each claim | | | |
| | | nancial assets you did not already list | | | |
| | No | | | | |
| L | l Yes. | Give specific information | | | |
| 36. | | the dollar value of all of your entries from Part 4, including art 4. Write that number here | | ges you have attached | \$300.00 |
| Part | 5: De | escribe Any Business-Related Property You Own or Have an Intere | est In. List any real esta | ate in Part 1. | |
| | - | own or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go | o to Part 6. | | | |
| | Yes. C | Go to line 38. | | | |
| | | | | | |
| Part | | escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46 F |)o voi | u own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| | | Go to Part 7. | or commercial name | ig-related property: | |
| | _ ` | s. Go to line 47. | | | |
| • | 00 | 30 to line 11. | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| | | . however the annual section of a section decreased the section of | | | |
| | | u have other property of any kind you did not already list? ples: Season tickets, country club membership | • | | |
| | No . | • | | | |
| | Yes. | Give specific information | | | |
| | | | | | |
| 54. | Add 1 | the dollar value of all of your entries from Part 7. Write tha | at number here | | \$0.00 |
| Part | 8: | List the Totals of Each Part of this Form | | | |
| 55 | Dart 1 | 1: Total real estate, line 2 | | | \$400,000,00 |
| 55. 56. | | 2: Total vehicles, line 5 | \$0.00 | | \$400,000.00 |
| 57. | | 3: Total personal and household items, line 15 | \$12,000.00 | | |
| 58. | | 4: Total financial assets, line 36 | \$300.00 | | |
| 59. | | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | | 7: Total other property not listed, line 54 + | \$0.00 | | |
| | | | | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$12,300.00 | Copy personal property to | otal \$12,300.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$412,300.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this infor | | | | |
|---------------------|--------------------------|-------------------|-------------|----------------------------------|
| Debtor 1 | Christine A Flynr | 1 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT | OF NEW YORK | |
| Case number | 19-22852-rdd | | | |
| (if known) | | | | Check if this is a mended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | Claim as | Exempt |
|---------|----------|---------|-----------|----------|--------|
|---------|----------|---------|-----------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | · · · · · · · · · · · · · · · · · · · | | Specific laws that allow exemption | |
|--|--------------------------------------|---------------------------------------|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| 3 N Williams Street New City, NY 10956 Rockland County | \$400,000.00 | • | \$100,527.22 | NYCPLR § 5206 | |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Miscellaneous household furnishing, dinnig set, bedroom set, living room, | 34.UUU.UU | | \$4,000.00 | NYCPLR § 5205(a)(5) | |
| china, kitchenware Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Flat tv, cell phone, stereo, tablet, | \$2,500.00 | | \$2,500.00 | NYCPLR § 5205(a)(5) | |
| Line IIom Schedule A.B. T. | | | 100% of fair market value, up to any applicable statutory limit | | |
| Shoes, belt, accessories, working suits. | \$3,200.00 | | \$3,200.00 | NYCPLR § 5205(a)(5) | |
| Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Everyday jewerly, wrist watch, wedding ring | \$2,300.00 | | \$2,300.00 | NYCPLR § 5205(a)(6) | |
| Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

Doc 13 Filed 07/31/19 Entered 07/31/19 12:46:52 Main Document Pg 16 of 53 Debtor 1 Christine A Flynn Case number (if known) 19-22852-rdd Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Checking account ending 9720: NYCPLR § 5205(a)(9) \$300.00 \$300.00 **Sterling National Bank** Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

19-22852-shl

Yes

| | | | Pa 17 of | 53 | , | | |
|----------------|---|---------------------------------------|---|-----------|---|--|-----------------------------|
| Fill in | n this information | to identify you | r case: | | | | |
| Debt | or 1 Ch | ristine A Flyn | ın | | | | |
| | First | t Name | Middle Name Last I | Name | | | |
| Debt (Spous | | t Name | Middle Name Last I | Name | | | |
| Unite | ed States Bankrupto | cy Court for the: | SOUTHERN DISTRICT OF NEW YO | RK | | | |
| Case | number 19-228 | 852-rdd | | | | | |
| (if knov | | | | | | _ | if this is an ded filing |
| Offic | cial Form 10 | 6D | | | | | |
| | | | Who Have Claims Sec | urec | by Propert | у | 12/15 |
| is nee | | | f two married people are filing together, bot out, number the entries, and attach it to this | | | | |
| 1. Do a | any creditors have c | laims secured by | your property? | | | | |
| | ☐ No. Check this b | ox and submit th | nis form to the court with your other sched | lules. Yo | ou have nothing else t | o report on this form. | |
| | Yes. Fill in all of | the information b | pelow. | | | | |
| Part | 1: List All Secu | ured Claims | | | | | |
| | | | nore than one secured claim, list the creditor se | | Column A | Column B | Column C |
| | | | a particular claim, list the other creditors in Par cal order according to the creditor's name. | rt 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Federal National Mortgage Asso | | Describe the property that secures the cla | im: | \$299,472.78 | \$400,000.00 | \$0.00 |
| | Creditor's Name | <u> </u> | 3 N Williams Street New City, NY | | _ | | |
| | | | 10956 Rockland County | | | | |
| | 780 Third Aven | ue, 30th | As of the date you file, the claim is: Check a | III that | | | |
| | Floor New York, NY 1 | 10001 | apply. | | | | |
| - | Number, Street, City, Str | | ☐ Contingent ☐ Unliquidated | | | | |
| | Number, Street, City, St | ate & Zip Code | ☐ Disputed | | | | |
| Who | owes the debt? Ch | neck one. | Nature of lien. Check all that apply. | | | | |
| □ De | ebtor 1 only | | ■ An agreement you made (such as mortga | ae or sec | ured | | |
| □ De | ebtor 2 only | | car loan) | J | | | |
| □ De | ebtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's | s lien) | | | |
| ■ At | least one of the debt | ors and another | ☐ Judgment lien from a lawsuit | | | | |
| | heck if this claim rel ommunity debt | ates to a | Other (including a right to offset) | | | | |
| Date | debt was incurred | | Last 4 digits of account number | | | | |
| | | | | | | | |
| Add | the dollar value of | your entries in Co | olumn A on this page. Write that number he | re: | \$299,47 | 72.78 | |
| If th | | f your form, add t | the dollar value totals from all pages. | | \$299,47 | | |
| Part | 2: List Others to | Be Notified for | r a Debt That You Already Listed | | | | |
| trying than | to collect from you | for a debt you over of the debts that | e notified about your bankruptcy for a debt we to someone else, list the creditor in Part you listed in Part 1, list the additional credi | 1, and th | nen list the collection a | gency here. Similarly, if | you have more |
| | Name, Number, Str | | | On which | th line in Part 1 did you e | nter the creditor? 2.1 | |
| | Gross Polwy L 1775 Wehrle D | rive Suite 100 |) | | ligits of account number | | |
| | Williamsville, I | NY 14221 | | | | | |

Official Form 106D

| | | | | Po | 18 of 53 | | | |
|-------------------------------------|---|---|--|--|------------------------------------|--|---------------------------------|--|
| Fill in th | nis informa | ation to identify your c | ase: | | | | | |
| Debtor 1 | 1 | Christine A Flynn | | | | | | |
| | | First Name | Middle Na | ame | Last Name | | | |
| Debtor 2 (Spouse if, | | First Name | Middle Na | ame | Last Name | | | |
| United S | States Bank | kruptcy Court for the: | SOUTHERN | DISTRICT OF I | NEW YORK | | | |
| Case nu | ımher 10 |)-22852-rdd | | | | | | |
| (if known) | 13 | -22032-iuu | | _ | | | _ | Check if this is an mended filing |
| Off: 5: 5 | . Готпо | 40CE/E | | | | | | |
| | | <u>106E/F</u> F: Creditors Wl | ha Hava | Uncoouro | d Claima | | | 12/15 |
| | | | | | | Part 2 for creditors with NON | IDDIODITY . I. | |
| Schedule Schedule left. Attac | G: Executo D: Creditor h the Contir case numb | ry Contracts and Unexpires Who Have Claims Secu | red Leases (Of red by Properi e. If you have n | ficial Form 106G). y. If more space i o information to i | . Do not include s needed, copy | contracts on Schedule A/B: I any creditors with partially s the Part you need, fill it out, do not file that Part. On the t | secured claims number the en | that are listed in tries in the boxes on the |
| | | s have priority unsecured | | | | | | |
| _ | lo. Go to Par | | olanno aganto | it you! | | | | |
| | | 12. | | | | | | |
| Part 2: | _ | of Your NONPRIORITY | ' Unsecured | Claims | | | | |
| | | s have nonpriority unsecu | | | | | | |
| _ | - | nothing to report in this pa | _ | • | th vour other sch | adules | | |
| ■ Y | | nothing to report in this pa | rt. Odbinit tins i | omi to the court wi | ur your outer som | saules. | | |
| • | | | | | | | | |
| unse | cured claim, one creditor | list the creditor separately | for each claim. | For each claim list | ed, identify what | holds each claim. If a credit ype of claim it is. Do not list clause three nonpriority unsecured company | aims already ind | cluded in Part 1. If more |
| | | | | | | | | Total claim |
| 4.1 | Chase Ca | ard Services | | Last 4 digits of a | ccount number | 0077 | | \$0.00 |
| | | Creditor's Name | | | | | • | |
| | Attn: Ban Po Box 1 | | | When was the de | ht incurred? | Opened 11/00 Last / 3/02/09 | Active | |
| | | on, DE 19850 | | | | 0/02/00 | | - |
| | | eet City State Zip Code | | As of the date yo | u file, the claim | s: Check all that apply | | |
| | _ | ed the debt? Check one. | | _ | | | | |
| | Debtor 1 | • | | ☐ Contingent | | | | |
| | Debtor 2 | - | | ☐ Unliquidated | | | | |
| | _ | and Debtor 2 only | | Disputed | | | | |
| | | one of the debtors and anot | | Type of NONPRIC | ORITY unsecure | d claim: | | |
| | debt | this claim is for a comm | unity | | | ration agreement or divorce th | nat you did not | |
| | _ | subject to offset? | | report as priority c | | | | |
| | No | | | - | · · | g plans, and other similar deb | ts | |
| | ☐ Yes | | | Other. Specify | Check Cred | lit Or Line Of Credit | | _ |

19-22852-shl Doc 13 Filed 07/31/19 Entered 07/31/19 12:46:52 Main Document Pg 19 of 53 Case number (if known) 19-22852-rdd

| Debtor | 1 Christine A Flynn | | Case number (if known) 19-22852-rdd | | | | |
|--------|---|--|--|--------------|--|--|--|
| 4.2 | Federal National Mortgage Asso | Last 4 digits of account number | | \$299,472.78 | | | |
| | Nonpriority Creditor's Name 780 Third Avenue, 30th Floor New York, NY 10001 | When was the debt incurred? | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Mortgage | | | | | |
| 4.3 | Selene Finance | Last 4 digits of account number | 7270 | \$0.00 | | | |
| | Nonpriority Creditor's Name | | Opened 9/26/02 Last Active | | | | |
| | Po Box 422039 Houston, TX 77242 | When was the debt incurred? | Opened 8/26/02 Last Active 11/06/18 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | |
| | Yes | Other. Specify Real Estate | | | | | |
| 4.4 | Seterus, Inc. | Last 4 digits of account number | 0340 | \$0.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1077 | When was the debt incurred? | Opened 8/26/02 Last Active 9/09/15 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | | | | | |
| | ☐ Yes | ■ Other. Specify Real Estate Specific | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Debtor 1 Christine A Flynn | | Case number (if known) | 19-22852-rdd | | | | | |
|--|----------------------------------|--|---------------------------|--|--|--|--|--|
| Chase Card Services Po Box 15369 | Line 4.1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| Wilmington, DE 19850 | Last 4 digits of account number | ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part | 2 did you list the original creditor? | | | | | | |
| Selene Finance | Line 4.3 of (Check one): | Line 4.3 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | | |
| 9990 Richmond Houston, TX 77042 | | | | | | | | |
| 110031011, 17 77042 | Last 4 digits of account number | | | | | | | |
| Name and Address | On which entry in Part 1 or Part | 2 did you list the original creditor? | | | | | | |
| Seterus, Inc. | Line 4.4 of (Check one): | ☐ Part 1: Creditors with Prior | ity Unsecured Claims | | | | | |
| 3950 Cypress Waters Coppell, TX 75019 | | Part 2: Creditors with None | priority Unsecured Claims | | | | | |
| | Last 4 digits of account number | | | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | • | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 299,472.78 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 299,472.78 |

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|-------------------|-------------|---|---------------------|
| Debtor 1 | Christine A Flynn | 1 | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT | OF NEW YORK | | |
| Case number | 19-22852-rdd | | | | |
| (if known) | | | | | Check if this is ar |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have the r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.3 | Oity | | Olate | Zii Gode | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | City | | Olalo | 211 0000 | |
| 0 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

| | | | Pa 22 of 53 | | |
|---|--|---|---|---|--|
| Fill in this | s information to identify your | case: | | | |
| Debtor 1 | Christine A Flynr | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | ling) First Name | Middle Nove | Last Name | | |
| (Spouse if, fil | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | SOUTHERN DISTRICT | OF NEW YORK | | |
| Case num (if known) | nber 19-22852-rdd | | | | ☐ Check if this is an amended filing |
| Sched | al Form 106H dule H: Your Cod | | ots vou may have. Be as | complete and accura | 12/15 te as possible. If two married |
| people are ill it out, a our name | e filing together, both are equ and number the entries in the e and case number (if known) | ally responsible for supp boxes on the left. Attach Answer every question | olying correct information the Additional Page to . | n. If more space is no this page. On the top | eeded, copy the Additional Page, of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, o | do not list either spouse a | s a codebtor. | |
| □ No ■ Ye | | | | | |
| Arizoi | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | | states and territories include |
| _ | o. Go to line 3. s. Did your spouse, former spouse. | use, or legal equivalent live | with you at the time? | | |
| in lin Form | e 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make su | ire you have listed th | with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cree Check all schedules | ditor to whom you owe the debt s that apply: |
| 3.1 | Kenneth Flynn 3 North Williams Street New City, NY 10956 | | | ■ Schedule D, lir □ Schedule E/F, □ Schedule G Federal National | line |
| 3.2 | Kenneth Flynn 3 North Williams Street New City, NY 10956 | | | ☐ Schedule D, lir ■ Schedule E/F, ☐ Schedule G | line 4.2 |

| Fill in this information to | o identify your case: | |
|---------------------------------|--|---|
| Debtor 1 | Christine A Flynn | |
| Debtor 2 (Spouse, if filing) | | |
| United States Bankrupt | ccy Court for the: SOUTHERN DISTRICT OF NEW YORK | |
| Case number (If known) | 22852-rdd | Check if this is: |
| (II KIOWII) | | ☐ An amended filing ☐ A supplement showing postpetition chapter |
| Official Form | 1061 | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. Employed ■ Employed If you have more than one job, **Employment status** attach a separate page with ☐ Not employed ■ Not employed information about additional employers. Indep. Contractor Occupation Construction Worker Administrative Include part-time, seasonal, or self-employed work. **Employer's name** Wright Bros. Real Estate **Structure Tone LLC** Occupation may include student or homemaker, if it applies. **Employer's address** 53 South Broadway 770 Broadway Nyack, NY 10960 New York, NY 10003 How long employed there? 18 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 6,656.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 3. 0.00 749.23 Calculate gross Income. Add line 2 + line 3. 0.00 7,405.23

Official Form 106I Schedule I: Your Income page 1

| Debt | or 1 | Christine A Flynn | _ | C | Case number (if known) | 19-22852-r | dd | |
|------|------------|---|----------|----------------|------------------------|----------------|---------|-----------------|
| | | | | | | | | |
| | | | | | For Debtor 1 | For Debtor | 2 or | |
| | | | | | | non-filing | | |
| | Сор | y line 4 here | 4. | | \$ | \$7 | ,405.23 | _ |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ 0.00 | \$ 2 | ,031.25 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ 0.00 | \$ | 0.00 | - |
| | 5c. | Voluntary contributions for retirement plans | 5c | | \$ 0.00 | \$ | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | l. | \$ 0.00 | \$ | 0.00 | _ |
| | 5e. | Insurance | 5e |) . | \$ 0.00 | \$ | 0.00 | - |
| | 5f. | Domestic support obligations | 5f. | | \$ 0.00 | \$ | 0.00 | _ |
| | 5g. | Union dues | 5g | ' | \$0.00 | \$ | 0.00 | _ |
| | 5h. | Other deductions. Specify: | _ 5h | 1.+ | \$ | + \$ | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | \$2 | ,031.25 | _ |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | \$5 | ,373.98 | _ |
| 8. | | all other income regularly received: | | | | | | |
| | 8a. | Net income from rental property and from operating a business, profession, or farm | | | | | | |
| | | Attach a statement for each property and business showing gross | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total | | | A | • | | |
| | Oh | monthly net income. Interest and dividends | 8a 8b | | \$ 2,591.75 \$ 0.00 | \$ \$ | 0.00 | _ |
| | 8b. 8c. | Family support payments that you, a non-filing spouse, or a dependent | |). | \$0.00_ | Φ | 0.00 | - |
| | 00. | regularly receive | | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | | | | | | |
| | 0.1 | settlement, and property settlement. | 8c | | \$ 0.00 | \$ | 0.00 | _ |
| | 8d. | Unemployment compensation Social Security | 8d 8e | | \$\$ \$ 0.00 | \$ | 0.00 | _ |
| | 8e. 8f. | Other government assistance that you regularly receive | 06 | | \$ | Ψ | 0.00 | _ |
| | Oi. | Include cash assistance and the value (if known) of any non-cash assistance | : | | | | | |
| | | that you receive, such as food stamps (benefits under the Supplemental | | | | | | |
| | | Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | – 8g | | \$ 0.00 | \$ | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | 8h | ' | | + \$ | 0.00 | _ |
| | | | | | <u> </u> | | 0.00 | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,591.75 | \$ | 0.0 | 0 |
| | | | г | | | L | 1 | |
| 10. | | | 10. | \$_ | 2,591.75 + \$ | 5,373.98 | = \$ | 7,965.73 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | |
| 11. | | e all other regular contributions to the expenses that you list in Schedule | | | | | | |
| | | ude contributions from an unmarried partner, members of your household, your | depe | ende | ents, your roommate | s, and | | |
| | | r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a | availa | ahle | to nav expenses list | ted in Schedul | e.l | |
| | Spe | | avanc | abio | to pay expenses no | | +\$ | 0.00 |
| | | | | | | | _ | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certai | | | | | | |
| | appl | | II LIA | DIIIL | ies and Related Data | 12. | \$ | 7,965.73 |
| | | | | | | | Combi | |
| | | | | | | | | nea y income |
| 13. | Do y | you expect an increase or decrease within the year after you file this form | ? | | | | | |
| | | No. | | | | | | |
| | П | Ves Explain: | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this information to identify | our case: | | | İ | | |
|------------|---|---------------------------|--|--|----------------|-------------------|--|
| Deb | otor 1 Christine A | Flynn | | | Check | c if this is: | |
| Dah | Debtor 2 | | | | _ | An amended filing | otan a anto attica alla anton |
| | ouse, if filing) | | | | | | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for th | e: SOUTH | ERN DISTRICT OF NEW | YORK | 1 | MM / DD / YYYY | |
| | 19-22852-rdd nown) | | | | | | |
| | #: a: a! | | | | | | |
| | fficial Form 106J | <u></u> | | | | | |
| Be info | chedule J: Your as complete and accurate a primation. If more space is in mber (if known). Answer evi | s possible eeded, atta | . If two married people ar | | | | |
| Par | | | ••• | | | | |
| 1. | Is this a joint case? | enoid | | | | | |
| | ■ No. Go to line 2. | | | | | | |
| | Yes. Does Debtor 2 live | in a separ | ate household? | | | | |
| | □ No | et file Offici | al Form 106J-2, <i>Expense</i> s | for Sonarata House | shold of Dobte | or 2 | |
| _ | | _ | airoini 1000-2, <i>Expense</i> s | 101 Separate 110use | enola of Debit | JI 2. | |
| 2. | Do you have dependents? | | | | | | |
| | Do not list Debtor 1 and Debtor 2. | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | _ | | | □ No |
| | dependents names. | | | Son | | | ■ Yes |
| | | | | Daughter | | 26 | □ No ■ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other yourself and your depend | than | No Yes | | | | |
| Par | t 2: Estimate Your Ongo | ing Month | ly Expenses | | | | |
| exp | imate your expenses as of penses as of a date after the policable date. | your bankr | uptcy filing date unless y | | | | |
| | lude expenses paid for with value of such assistance a | | | | | | |
| | ficial Form 106l.) | | | | | Your exp | enses |
| 4. | The rental or home owner payments and any rent for t | | | nclude first mortgag | e 4. \$ | | 3,500.00 |
| | If not included in line 4: | | | | | | |
| | 4a. Real estate taxes | | | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner | 's, or renter | 's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, | • | | | 4c. \$ | | 165.00 |
| F | 4d. Homeowner's associa | | | ma aquita lacar | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payn | lents for yo | our residerice, such as ho | me equity loans | 5. \$ | | 0.00 |

| Debtor 1 Chri | stine A Flynn | Case num | ber (if known) | 19-22852-rdd |
|------------------------------|--|---------------|----------------|----------------------------|
| 6. Utilities: | | | | |
| | ricity, heat, natural gas | 6a. | \$ | 410.00 |
| | er, sewer, garbage collection | 6b. | | 60.00 |
| | phone, cell phone, Internet, satellite, and cable services | 6c. | · | 575.00 |
| | | 6d. | | |
| | r. Specify: | | | 0.00 |
| | nousekeeping supplies | 7. | · — | 1,350.00 |
| | and children's education costs | 8. | \$ | 0.00 |
| . Clothing, la | aundry, and dry cleaning | 9. | \$ | 180.00 |
| Personal c | are products and services | 10. | \$ | 210.00 |
| 1. Medical an | d dental expenses | 11. | \$ | 285.00 |
| 2. Transporta | ation. Include gas, maintenance, bus or train fare. | | | |
| | ude car payments. | 12. | · | 650.00 |
| Entertainm | nent, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 85.00 |
| I. Charitable | contributions and religious donations | 14. | \$ | 75.00 |
| 5. Insurance. | | | | |
| Do not inclu | ude insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life ii | nsurance | 15a. | \$ | 0.00 |
| 15b. Healt | th insurance | 15b. | \$ | 0.00 |
| 15c. Vehic | cle insurance | 15c. | \$ | 180.00 |
| | r insurance. Specify: | 15d. | · | 0.00 |
| | not include taxes deducted from your pay or included in lines 4 or 20. | | Ť | 0.00 |
| Specify: | The morade takes deducted from your pay or moraded in lines 4 of 20. | 16. | \$ | 0.00 |
| 7. Installment | t or lease payments: | | | |
| 17a. Car p | payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. Car p | payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. Othe | | 17c. | \$ | 0.00 |
| 17d. Othe | | 17d. | · | 0.00 |
| | ents of alimony, maintenance, and support that you did not report a | | Ť | |
| deducted f | rom your pay on line 5, Schedule I, Your Income (Official Form 106I) | | \$ | 0.00 |
| Other payn | nents you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | | 19. | | |
|). Other real | property expenses not included in lines 4 or 5 of this form or on Sci | | | |
| 20a. Morto | gages on other property | 20a. | \$ | 0.00 |
| 20b. Real | estate taxes | 20b. | \$ | 0.00 |
| 20c. Prope | erty, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Main | tenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | eowner's association or condominium dues | 20e. | | 0.00 |
| I. Other: Spe | | 21. | · | 0.00 |
| . Other spe | Ciry. | | -Ψ | 0.00 |
| - | our monthly expenses | | | |
| 22a. Add lir | nes 4 through 21. | | \$ | 7,725.00 |
| 22b. Copy I | ine 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | ne 22a and 22b. The result is your monthly expenses. | | \$ | 7,725.00 |
| | | | <u> </u> | 1,120.00 |
| - | our monthly net income. | | | |
| | line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 7,965.73 |
| 23b. Copy | your monthly expenses from line 22c above. | 23b. | -\$ | 7,725.00 |
| 00 0 1 | and the same and t | | | |
| | ract your monthly expenses from your monthly income. result is your monthly net income. | 23c. | \$ | 240.73 |
| i ne r | esuit is your monuny net income. | 200. | * | |
| 4. Do you exp | pect an increase or decrease in your expenses within the year after | you file this | form? | |
| For example, | , do you expect to finish paying for your car loan within the year or do you expect yo | | | ease or decrease because o |
| | to the terms of your mortgage? | | | |
| ■ No. | | | | |
| ☐ Yes. | Explain here: | | | |

| Fill in this | s information to identify your | c360: | | | |
|--------------------|--|-------------------------|------------------------------|--------------------------------|--|
| Debtor 1 | Christine A Flynn | | | | |
| Debioi i | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fil | ling) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | SOUTHERN DISTRIC | CT OF NEW YORK | | |
| Case num | nber 19-22852-rdd | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| You must obtaining | rried people are filing together file this form whenever you fi money or property by fraud ir both. 18 U.S.C. §§ 152, 1341, 1 | le bankruptcy scheduk | es or amended schedules | s. Making a false statement, o | |
| | Sign Below | | | | |
| Did y | you pay or agree to pay some | one who is NOT an atte | orney to help you fill out b | bankruptcy forms? | |
| | No | | | | |
| | Yes. Name of person | | | | Petition Preparer's Notice, gnature (Official Form 119) |
| that t | er penalty of perjury, I declare they are true and correct. s/ Christine A Flynn | that I have read the su | mmary and schedules file | ed with this declaration and | |
| | Christine A Flynn | | Signature of | Debtor 2 | |
| | Signature of Debtor 1 | | | | |
| 0 | Date July 31, 2019 | | Date | | |

| | | ormation to identify you | | | | |
|--------------------|--|---|--|---|--|---------------------------------|
| Del | otor 1 | Christine A Flyn | Middle Name | Last Name | | |
| Del | otor 2 | . not realis | madio Name | 2451.144.115 | | |
| (Spc | use if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States | Bankruptcy Court for the: | SOUTHERN DISTRICT (| OF NEW YORK | | |
| Cas | se number | 19-22852-rdd | | | | |
| (if kr | iown) | 10 2202 100 | | | | heck if this is an |
| | | | | | a | mended filing |
| | | | | | | |
| Of | ficial F | orm 107 | | | | |
| | | | Affairs for Individ | duals Filing for B | ankruptcy | 4/19 |
| | | | | | equally responsible for sup | nlying correct |
| | | | | | / additional pages, write you | |
| num | ber (if kno | own). Answer every que | stion. | | | |
| Par | t 1: Giv | e Details About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is v | our current marital statu | ıs? | | | |
| •• | ······································ | | | | | |
| | ■ Marri | ed | | | | |
| | □ Not n | narried | | | | |
| 2. | During th | e last 3 years, have you | lived anywhere other than | where you live now? | | |
| | - N. | | | | | |
| | ■ No □ Yes. | List all of the places you l | ived in the last 3 years. Do n | ot include where you live now | , | |
| | | , , | ŕ | · | | |
| | Debtor 1 | Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| _ | | | | | | |
| 3. state | | | | | ity property state or territory co, Texas, Washington and W | |
| | _ | , | ,,, | | , ·, · ·g · · · | , |
| | ■ No | | | | | |
| | ☐ Yes. | Make sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Par | t 2 Exp | lain the Sources of You | r Income | | | |
| | | | | | | |
| 4. | | | | ig a business during this yeall businesses, including part- | ear or the two previous caler time activities | ndar years? |
| | | | | e together, list it only once un | | |
| | □ No | | | | | |
| | | Fill in the details. | | | | |
| | | | | | | |
| | | | Debtor 1 | 0 | Debtor 2 | One se in serve |
| | | | Sources of income Check all that apply. | Gross income (before deductions and | Sources of income Check all that apply. | Gross income (before deductions |
| | | | | exclusions) | | and exclusions) |
| | | 1 of current year until | ☐ Wages, commissions, | \$4,797.00 | ☐ Wages, commissions, | |
| the | date you f | iled for bankruptcy: | bonuses, tips | | bonuses, tips | |
| | | | Operating a business | | ☐ Operating a business | |
| | | | | | | |

Official Form 107

Debtor 1 Christine A Flynn Case number (if known) 19-22852-rdd

| | | | | Debtor 1 | | Debtor 2 | | |
|----|---|--|---|---|---|---|--|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | r last calei inuary 1 to | ndar year: December | 31, 2018) | ☐ Wages, commissions, bonuses, tips | \$32,680.50 | ☐ Wages, components bonuses, tips | missions, | |
| | | | | Operating a business | | Operating a b | ousiness | |
| | | dar year be December | | ☐ Wages, commissions, bonuses, tips | \$14,393.00 | ☐ Wages, comi bonuses, tips | missions, | |
| | | | | Operating a business | | ☐ Operating a b | ousiness | |
| 5. | Include in and other winnings. List each | come regard public benef If you are fili | less of wheth it payments; ng a joint cas he gross inco | e during this year or the two ler that income is taxable. Exa pensions; rental income; inter le and you have income that y ome from each source separat | amples of other income are a est; dividends; money collec- rou received together, list it of | alimony; child suppo eted from lawsuits; i only once under De | oyalties; and btor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | |
| 6. | □ No. | Neither De individual puring the No. Yes | potent 1 nor Dorimarily for a 90 days befor Go to line 7 List below e paid that crunot include to adjustment or Debtor 2 or 90 days befor Go to line 7 List below e include pay | each creditor to whom you pai editor. Do not include paymen payments to an attorney for the con 4/01/22 and every 3 years r both have primarily consumer you filed for bankruptcy, di each creditor to whom you pai ments for domestic support of | d you pay any creditor a total d a total of \$6,825* or more at some of the solution of the sol | il of \$6,825* or mor in one or more paying gations, such as chi or after the date of all of \$600 or more? | e? ments and the support a adjustment. | ne total amount you nd alimony. Also, do |
| | | | | this bankruptcy case. | | , | · | , , |
| | Creditor | 's Name and | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this p | payment for |

Debtor 1 Christine A Flynn Case number (if known) 19-22852-rdd

| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gen a control, or owner of 20% o | neral partners; partners partners or more of their voting | erships of which yog g securities; and a | ou are a general partner; corpor ny managing agent, including c | rations one fo | | |
|----|--|---|--|---|---|-------------------|-----------------------------------|--|
| | No | | | | | | | |
| | Yes. List all payments to an insider. | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment | | | |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost | | ments or transfer a | any property on a | ccount of a debt that benefite | ed an | | |
| | ■ No□ Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name | | | |
| Pa | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case | | | |
| | Unknown Plaintiff vs Unknown Defendant 1822871RDD | BankruptcyChapt er13 | US BKPT CT N | Y WHITE PL | ☐ Pending ☐ On appeal ☐ Concluded | | | |
| | | | | | Dismissed - 0.00 | | | |
| | Unknown Plaintiff vs Unknown Defendant 1422883RDD | BankruptcyChapt er7 | US BKPT CT N | Y WHITE PL | ☐ Pending☐ On appeal☐ Concluded | | | |
| | | | | | Discharged - 0.00 | | | |
| | CHRISTINE FLYNN vs Unknown Defendant 1822871 | Bankruptcy Chapter 13 | NEW YORK SO WHITE PLAINS | | ☐ Pending ☐ On appeal ☐ Concluded | | | |
| | | | | | Dismissed - 0.00 | | | |
| | CHRISTINE FLYNN vs Unknown Defendant 1422883 | Bankruptcy Chapter 7 | NEW YORK SOUTHERN - WHITE PLAINS | | | | ☐ Pending ☐ On appeal ☐ Concluded | |
| | | | | | Discharged - 0.00 | | | |
| | Fannye Mae vs. Christine Flynnm et al 034862/2016 | Foreclosure | Supreme Cour County 1 South Main S New City, NY 1 | Street | ■ Pending □ On appeal □ Concluded | | | |
| | | | | | | | | |

Debtor 1 Christine A Flynn Case number (if known) 19-22852-rdd 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates vou Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Value of property Describe the property you lost and Describe any insurance coverage for the loss Date of your how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made

Person Who Made the Payment, if Not You

Debtor 1 Christine A Flynn Case number (if known) 19-22852-rdd

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and vatransferred | alue of any proper | ty | Date payment or transfer was made | Amount of payment |
|-----|---|---|--|------------------------------|--|---|
| | de Moya & Associates, P.C. 163 South Main Street New City, NY 10956-3347 desiree@demoyalaw.com | Total Attorney For \$4,500.00 paid \$1,500 to include Plam | | 13 | | \$4,500.00 |
| 17. | Within 1 year before you filed for bankruptcy, of promised to help you deal with your creditors of Do not include any payment or transfer that you list | or to make payments | | | r transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and vatransferred | alue of any proper | ty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already list. No Yes. Fill in the details. | ness or financial affai as security (such as th | irs? | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | | | ny property or received or debts change | Date transfer was made |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No | | property to a sel | f-settled tru | st or similar device | of which you are a |
| | Yes. Fill in the details. Name of trust | Description and va | alue of the propert | ty transferre | ed | Date Transfer was |
| Par | t 8: List of Certain Financial Accounts, Instru | ıments. Safe Deposit | Boxes, and Stora | ge Units | | made |
| | Within 1 year before you filed for bankruptcy, we sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No Yes. Fill in the details. | vere any financial acc | counts or instruments; certificates of | ents held in deposit; sha | | |
| | | ast 4 digits of ecount number | Type of account instrument | clos | e account was sed, sold, ved, or nsferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | r before you filed for I | bankruptcy, any s | afe deposit | box or other deposi | itory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, Str State and ZIP Code) | | scribe the c | contents | Do you still have it? |
| | | | | | | |

Debtor 1 Christine A Flynn

Case number (if known) 19-22852-rdd

| 22. | Have you stored property in a storage unit or pla | ce other than your home within | 1 year before you filed for bankruptcy? | |
|--------|--|---|--|-----------------------|
| | ■ No | | | |
| | Yes. Fill in the details. | Whe also has ay had access | Describe the sentents | De veu etill |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | 19: Identify Property You Hold or Control for S | Someone Else | | |
| 23. | Do you hold or control any property that someon for someone. | ne else owns? Include any prope | erty you borrowed from, are storing for, | or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | Give Details About Environmental Informa | tion | | |
| For | he purpose of Part 10, the following definitions a | apply: | | |
| _ | Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these sub | r, land, soil, surface water, grour | - · | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal s | | I law, whether you now own, operate, o | r utilize it or used |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or si | | is waste, hazardous substance, toxic s | ubstance, |
| Rep | ort all notices, releases, and proceedings that yo | u know about, regardless of whe | en they occurred. | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liabl | e under or in violation of an environme | ntal law? |
| | NoYes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any i | release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State at ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or adminis | trative proceeding under any env | vironmental law? Include settlements a | nd orders. |
| | ■ No □ Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | Give Details About Your Business or Conr | nections to Any Business | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have a | ny of the following connections to any | business? |
| | ☐ A sole proprietor or self-employed in a tr | ade, profession, or other activity | , either full-time or part-time | |
| | ☐ A member of a limited liability company (| (LLC) or limited liability partners | hip (LLP) | |
| Offici | el Form 107 Statement of | Financial Affairs for Individuals Filir | ng for Bankruntey | anea |

| | ☐ A partner in a partnership | | |
|---------------|--|--|--|
| | ☐ An officer, director, or managing e | xecutive of a corporation | |
| | ☐ An owner of at least 5% of the voti | ng or equity securities of a corporation | |
| | No. None of the above applies. Go to | | |
| | _ | | |
| | | Il in the details below for each business. | Formation House the Control of the C |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed |
| | | | |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | otcy, did you give a financial statement to ar | nyone about your business? Include all financial |
| | ■ No | | |
| | Yes. Fill in the details below. | | |
| | Name Address | Date Issued | |
| | (Number, Street, City, State and ZIP Code) | | |
| Par | t 12: Sign Below | | |
| are with 18 U | rue and correct. I understand that making | | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. |
| | nature of Debtor 1 | C.g 2 2 2220 2 | |
| Dat | e _July 31, 2019 | Date | |
| Did ■ N | lo | ent of Financial Affairs for Individuals Filin | g for Bankruptcy (Official Form 107)? |
| Did ■ N | | ot an attorney to help you fill out bankruptcy | y forms? |
| \square Y | es. Name of Person . Attach the Bankr | uptcy Petition Preparer's Notice, Declaration, a | and Signature (Official Form 119). |

| Fill in this information to identify you | ır case: | |
|--|--------------|--|
| United States Bankruptcy Court for | the: | |
| SOUTHERN DISTRICT OF NEW Y | ORK | |
| Case number (if known): | 19-22852-rdd | |
| | | |

Official Form 121

Statement About Your Social Security Numbers

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee

| | For Debtor 1: | For Debtor 2 (Only if Spouse is Filing:) |
|----------------------------|--|--|
| . Your name | Christine | |
| | First name | First name |
| | Α | |
| | Middle name | Middle name |
| | Flynn | |
| | Last name | Last name |
| art 2: Tell the Court Abo | out all of Your Social Security or Federal Individual Tax | vnaver Identification Numbers |
| alt 2. Tell tile Court Abt | out all of Tour Social Security of Tederal Individual Tax | tpayer identification Numbers |
| | | |
| . All Social Security | | |
| Numbers you have | | |
| used | 120-70-4541 | |
| | _ | _ |
| | ☐ You do not have a Social Security Number | ☐ You do not have a Social Security Number |
| All federal Individual | | |
| Taxpayer | | |
| Identification | | |
| Numbers (ITIN) you | | |
| have used | You do not have an ITIN. | ☐ You do not have an ITIN. |
| | | |
| art 3: Sign Below | | |
| | | |
| | Under penalty of perjury, I declare that the information I have provided in this form is true and correct. | Under penalty of perjury, I declare that the information have provided in this form is true and correct. |
| | have provided in this form is true and correct. | have provided in this form is true and correct. |
| | X /s/ Christine A Flynn | X |
| | Christine A Flynn | Signature of Debtor 2 |
| | Signature of Debtor 1 | 5.g |
| | orginates of bobton | |
| | Date July 31, 2019 | Date |
| | cary c :, -c : c | **** |

| Fill in this inform | nation to identify your cas | e: |
|---------------------------------|-----------------------------|-------------------------------|
| Debtor 1 | Christine A Flynn | |
| Debtor 2 (Spouse, if filing) | | |
| United States B | ankruptcy Court for the: | Southern District of New York |
| Case number (if known) | 19-22852-rdd | |

| Check as directed in lines 17 and 21: |
|--|
| According to the calculations required by this Statement: |
| 1. Disposable income is not determined under11 U.S.C. § 1325(b)(3). |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). |
| ☐ 3. The commitment period is 3 years. |
| ■ 4. The commitment period is 5 years. |
| |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | Colur Debte | | mn B or 2 or filing spouse |
|--|-------------------------------|--|-----------------|----------|--------------------------------------|
| Your gross wages, salary, tips, bonuses, overti payroll deductions). | me, and | commissions (before a | ·II \$ | 0.00 | \$ 7,404.80 |
| . Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | | | \$ | 0.00 | \$ 0.00 |
| All amounts from any source which are regular of you or your dependents, including child sup from an unmarried partner, members of your house and roommates. Do not include payments from a s you listed on line 3. Net income from operating a business, | port. Inclehold, you pouse. D | lude regular contribution ur dependents, parents, o not include payments | | 0.00 | \$ 0.00 |
| profession, or farm | \$ | tor 1 3,239.25 | | | |
| Gross receipts (before all deductions) | -\$ | 647.50 | | | |
| Ordinary and necessary operating expenses | -Ψ | Copy | | | |
| Net monthly income from a business, profession, or farm | \$ | 2,591.75 here | ·> \$ | 2,591.75 | \$ 0.00 |
| 6. Net income from rental and other real property | Deb | tor 1 | | | |
| Gross receipts (before all deductions) | \$ | 0.00 | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | |
| Net monthly income from rental or other real prope | rtv ¢ | 0.00 Copy here | -> \$ | 0.00 | \$ 0.00 |

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Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 \$ 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 2,591.75 7,404.80 9,996.55 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 9.996.55 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 9,996.55 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 9.996.55 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12 119,958.60 15b. The result is your current monthly income for the year for this part of the form.

Christine A Flynn

Debtor 1

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Christine A Flynn 19-22852-rdd Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. NY 16b. Fill in the number of people in your household. 4 102.384.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 9.996.55 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 9,996.55 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 9,996.55 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 119,958.60 \$ 20b. The result is your current monthly income for the year for this part of the form 102,384.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Christine A Flynn **Christine A Flynn** Signature of Debtor 1 Date July 31, 2019 MM / DD / YYYY

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

If you checked 17a, do NOT fill out or file Form 122C-2.

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| | | | | | | | | _ | | | | | |
|---------------------|--------------------|---|---|---|-----------------------------|----------------------------|------------|--------------------------------|----------------|--------------|-----------|------------|----------------------------|
| Fill in | this info | ormation to | identify you | ır case: | | | | | | | | | |
| Debto | r 1 | Christine | A Flynn | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Debto | | | | | | | | | | | | | |
| (Spou | se, if filin | g) | | | | | | | | | | | |
| United | d States I | Bankruptcy C | court for the: | Southern | District of N | lew York | | | | | | | |
| | number | 19-22852- | -rdd | | | | | | | | | | |
| (if kno | wn) | | | | | | | | Ц | Check if the | nis is an | amende | d filing |
| | | | | | | | | | | | | | |
| | l Form 1 | | | | | _ | | | | | | | |
| Cha | ıpter | 13 Cald | culatio | n of Yo | our Dis | sposal | ble Ir | ncome | | | | | 04/19 |
| Comm Be as space | completed is neede | form, you wi Period (Offici e and accura ed, attach a s es, write you | ial Form 122 ate as possi separate sh | 2C-1). ible. If two eet to this f | married pec | ople are fili | ing toge | ther, both a | are equally | responsik | le for be | eing accu | rate. If more |
| Part 1 | : Ca | Iculate Your | r Deduction | s from You | r Income | | | | | | | | |
| the | questio | I Revenue Sens in lines 6 may also be | -15. To find | the IRS sta | andards, go | online usi | | | | | | | o answer the form. This |
| exp | enses if | expense amo they are high d do not dedu | er than the s | standards. D | o not includ | le any oper | ating exp | enses that | you subtrac | ted from in | come in | | |
| If yo | our expe | nses differ fro | om month to | month, ente | er the averag | ge expense | | | | | | | |
| Not | e: Line n | umbers 1-4 a | are not used | in this form. | . These num | bers apply | to inform | nation requi | red by a sim | ilar form u | sed in ch | apter 7 ca | ses. |
| 5. | The nu | mber of peo | ple used in | determinin | ng your ded | luctions fro | om inco | me | | | | | |
| | plus the | ne number of e number of a nber of peopl | any additiona | al dependen | | | | | | | 4 | | |
| Nat | ional St | andards | You m | ust use the | IRS Nationa | l Standards | s to answ | ver the ques | stions in line | s 6-7. | | | |
| 6. | | clothing, and rds, fill in the | | | | | | I in line 5 ar | nd the IRS N | ational | ; | \$ | 1,694.00 |
| 7. | the doll people | -pocket heal ar amount fo who are 65 c than this IRS | r out-of-pock or olderbec | ket health ca ause older p | are. The num people have | nber of peo a higher IR | ple is spl | lit into two c ance for hea | categoriesp | eople who | are und | er 65 and | |

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Christine A Flynn 19-22852-rdd Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 4 7c. Subtotal. Multiply line 7a by line 7b. 208.00 Copy here=> 208.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 208.00 Copy total here=> 208.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 861.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,958.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Federal National Mortgage Asso** 3,000.00 Сору Repeat this amount 3,000.00 3.000.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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Christine A Flynn 19-22852-rdd Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. □ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 608.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment -NONE-Repeat this Copy amount on **Total Average Monthly Payment** 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Сору Repeat this here amount on line Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 178.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Christine A Flynn Case number (if known) 19-22852-rdd

| | | addition to the expense due following IRS categories | | listed above | , you are allowed your monthly expenses | for | |
|------------|---|--|--|---|--|-----|----------|
| 16. | self-employment taxes, social | security taxes, and Medic rever, if you expect to rece to the total monthly amount | are taxes. ive a tax r | You may inc efund, you m | d local taxes, such as income taxes, clude the monthly amount withheld from the divide the expected refund by 12 for taxes. | \$ | 2,031.25 |
| 17. | Involuntary deductions: The | | uctions tha | at your job red | quires, such as retirement | | |
| | contributions, union dues, and Do not include amounts that a | | o, such as | voluntary 40 | 1(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | filing together, include paymer | nts that you make for your ife insurance on your depe | spouse's | term life insu | e insurance. If two married people are trance. I spouse's life insurance, or for any form | \$ | 0.00 |
| 19. | Court-ordered payments: The administrative agency, such a Do not include payments on p | s spousal or child support | payments | S | by the order of a court or You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total monthly | - | | | | | |
| | as a condition for your job, | or | | | | | |
| | for your physically or menta | ally challenged dependent | child if no | public educ | ation is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly and not include payments for a | | | - | sitting, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. | | and welfare of you or your nclude only the amount the | depender at is more | nts and that is than the tota | | \$ | 77.00 |
| 23. | Optional telephone and tele for you and your dependents, phone service, to the extent no income, if it is not reimbursed Do not include payments for b | phone services: The tota such as pagers, call waitin ecessary for your health and by your employer. the saic home telephone, inte | I monthly ing, caller ind welfare | amount that y dentification, e or that of you | you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment ount you previously deducted. | +\$ | 0.00 |
| | Add all of the expenses allo | wed under the IRS exper | nse allow | | | | 5,657.25 |
| 24. | Add lines 6 through 23. | | noo unon | ances. | | \$ | 3,037.23 |
| | Add lines 6 through 23. litional Expense Deductions | These are additional do | eductions | allowed by th | | \$ | 5,057.25 |
| Add | litional Expense Deductions Health insurance, disability | These are additional de Note: Do not include ar insurance, and health sa | eductions ny expens | allowed by the allowances | | | 5,637.23 |
| Add | litional Expense Deductions Health insurance, disability insurance, disability insurance | These are additional de Note: Do not include ar insurance, and health sa | eductions ny expens | allowed by the allowances | s listed in lines 6-24. uses. The monthly expenses for health | | 5,637.23 |
| Add | litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. | These are additional de Note: Do not include ar insurance, and health sa | eductions ny expens avings ac unts that a | allowed by the allowances count expendance reasonab | s listed in lines 6-24. uses. The monthly expenses for health | | 5,637.23 |
| Add | Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance | These are additional de Note: Do not include an insurance, and health sae, and health savings acco | eductions ny expens avings acc unts that a | allowed by the allowances count expense reasonab | s listed in lines 6-24. uses. The monthly expenses for health | | 5,637.23 |
| Add | Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance | These are additional de Note: Do not include an insurance, and health sae, and health savings acco | eductions ny expens avings acc unts that a | allowed by the allowances count expenser reasonab 0.00 0.00 | s listed in lines 6-24. uses. The monthly expenses for health | | 0.00 |
| Add | Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account | These are additional de Note: Do not include an insurance, and health sa e, and health savings acco | eductions ny expens avings accunts that a \$ | allowed by the allowances count expensare reasonab 0.00 0.00 0.00 | s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, o | r | |
| Add | Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total | These are additional de Note: Do not include an insurance, and health sa e, and health savings acco | eductions ny expens avings accunts that a \$ | allowed by the allowances count expensare reasonab 0.00 0.00 0.00 | s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, o | r | |
| Add | Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you Yes Continued contributions to continue to pay for the reason | These are additional de Note: Do not include an insurance, and health sate, and health savings according actually spend? These are additional de Note: Do not include an insurance, and health savings according actually spend? These are additional de la la la la mount actually spend? The care of household or able and necessary care a your immediate family who | syings accurate that a | allowed by the eallowances count expensare reasonab 0.00 0.00 0.00 0.00 embers. The art of an elder et to pay for s | c actual monthly expenses that you will rly, chronically ill, or disabled member of uch expenses. These expenses may | r | |
| 25. 26. | Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you Yes Continued contributions to continue to pay for the reason your household or member of include contributions to an acc | These are additional de Note: Do not include ar insurance, and health sa e, and health savings according actually spend? the care of household or able and necessary care a your immediate family who count of a qualified ABLE polence. The reasonably necessary care and the same actually spend? | s s s suppose to suppose the suppos | allowed by the allowances count expensare reasonab 0.00 0.00 0.00 0.00 0.00 embers. The ort of an elder e to pay for see U.S.C. § 5 monthly expe | c actual monthly expenses that you will rly, chronically ill, or disabled member of uch expenses. These expenses may | r\$ | 0.00 |

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| | Christine A Flynn | | ase number (if kno | own) | 19-22 | 852-r | dd | |
|------------------------------|--|--|--------------------|------------------------|--|----------------------------|--------------------------|-----------|
| | Additional home energy costs. Your hom line 8. | e energy costs are included in your insuran | ce and operat | ing exp | enses | on | | |
| | If you believe that you have home energy c 8, then fill in the excess amount of home er | | osts included in | n expei | nses o | n line | | |
| | You must give your case trustee document amount claimed is reasonable and necessary | | t show that the | e additi | onal | | \$ | 0.00 |
| | Education expenses for dependent child \$170.83* per child) that you pay for your depublic elementary or secondary school. | | | | | | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | | t explain why | the am | ount | | | |
| | * Subject to adjustment on 4/01/22, and eve | ery 3 years after that for cases begun on or | after the date | of adju | stment | t. | \$ | 0.00 |
| | Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are nigher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. | | | | | | | |
| | To find a chart showing the maximum addit instructions for this form. This chart may also | | | eparate | 9 | | | |
| | You must show that the additional amount of | claimed is reasonable and necessary. | | | | | \$ | 58.00 |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | | in the form of | cash o | r finan | cial | | |
| | Do not include any amount more than 15% | of your gross monthly income. | | | | | \$ | 0.00 |
| | Add all of the additional expense deduct Add lines 25 through 31. | ions. | | | | | \$ | 58.00 |
| Ded | uctions for Debt Payment | | | | | | | |
| | • | | | | | | | |
| | For debts that are secured by an interest pans, and other secured debt, fill in lines | | e mortgages, | vehicl | е | | | |
| I: T | For debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymeteditor in the 60 months after you file for ba | 33a through 33e. ent, add all amounts that are contractually of | | | e | | | |
| I: T | oans, and other secured debt, fill in lines o calculate the total average monthly paym | 33a through 33e. ent, add all amounts that are contractually of | | | е | | Average paymer | e monthly |
| I: T | oans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home | 33a through 33e. ent, add all amounts that are contractually of | due to each se | ecured | | | paymer | |
| I C | oans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home | 33a through 33e. ent, add all amounts that are contractually conkruptcy. Then divide by 60. | due to each se | ecured | | | paymer | it |
|] c 33a. | coans, and other secured debt, fill in lines o calculate the total average monthly paymereditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles | 33a through 33e. ent, add all amounts that are contractually conkruptcy. Then divide by 60. | due to each se | ecured | | | paymer | it |
| I C | coans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | 33a through 33e. ent, add all amounts that are contractually conkruptcy. Then divide by 60. | due to each se | ecured | : | => | paymer | 3,000.00 |
| 33a. 33b. | coans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | 33a through 33e. ent, add all amounts that are contractually conkruptcy. Then divide by 60. | due to each se | ecured | : | => | paymer \$ \$ | 3,000.00 |
| 33a. 33b. 33c. 33d. | coans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here | 33a through 33e. ent, add all amounts that are contractually conkruptcy. Then divide by 60. | due to each se | ecured | aymer | => => => nt | paymer \$ \$ | 3,000.00 |
| 33a. 33b. 33c. 33d. | coans, and other secured debt, fill in lines To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractually conkruptcy. Then divide by 60. | due to each se | Does princlude | paymer taxes rance? | => => => nt | paymer \$ \$ | 3,000.00 |
| 33a. 33b. 33c. 33d. | coans, and other secured debt, fill in lines To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractually conkruptcy. Then divide by 60. | due to each se | Does princlude or insu | paymer taxes rance? | => => => nt | paymer \$ \$ | 3,000.00 |
| 33a. 33b. 33c. 33d. | coans, and other secured debt, fill in lines To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractually conkruptcy. Then divide by 60. | due to each se | Does princlude or insu | e taxes rance? o | => => => nt | paymer \$ \$ | 3,000.00 |
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| 33a. 33b. 33c. 33d. | coans, and other secured debt, fill in lines To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractually conkruptcy. Then divide by 60. | due to each se | Does princlude or insu | paymer e taxes rance? o es | => => => nt | paymer \$ \$ | 3,000.00 |
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Christine A Flynn 19-22852-rdd Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount $\div 60 = \$$ -NONE-\$ Сору 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. The Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷ 60 0.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total Average monthly administrative expense here=> \$ 3,000.00 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 5,657.25 expense allowances Copy line 32, All of the additional expense deductions 58.00 Copy line 37, All of the deductions for debt payment 3,000.00 8.715.25 8.715.25 Copy total here=> Total deductions.....

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Christine A Flynn Case number (if known) 19-22852-rdd Debtor 1 Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 9.996.55 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 8,715.25 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Сору 0.00 0.00 Total \$ here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 8.715.25 8,715.25 here=> -\$ 1,281.30 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ Decrease ☐ 122C-2 ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease □ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease

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| Debtor 1 | Christine A Flynn | Case number (if known) | 19-22852-rdd |
|----------|---|-------------------------------------|-------------------------------|
| | | | |
| | | | |
| Part 4: | Sign Below | | |
| E | By signing here, under penalty of perjury you declare that the informatio | n on this statement and in any atta | achments is true and correct. |
| - | /s/ Christine A Flynn Christine A Flynn Signature of Debtor 1 | | |
| | July 31, 2019 MM / DD / YYYY | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7: | Liquidation |
|----------|------|--------------------|
| \$ | 245 | filing fee |
| ; | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| \$ | 335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. 19-22852-shl Doc 13 Filed 07/31/19 Entered 07/31/19 12:46:52 Main Document Pg 51 of 53

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of New York

| In re | Christine A Flynn | | Case No. | 19-22852-rdd |
|---------|--|---|---|-------------------------------------|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR DE | BTOR(S) |
| C | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation of | ng of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 6,000.00 |
| | Prior to the filing of this statement I have received | | \$ | 4,500.00 |
| | Balance Due | | \$ | 1,500.00 |
| 2. T | he source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | he source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. ■ | I have not agreed to share the above-disclosed comp | ensation with any other person | unless they are memb | pers and associates of my law firm. |
| [| I have agreed to share the above-disclosed compensations of the agreement, together with a list of the nar | | | |
| 5. I | n return for the above-disclosed fee, I have agreed to re | ender legal service for all aspect | ts of the bankruptcy ca | ase, including: |
| b c. | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, stat Representation of the debtor at the meeting of creditor [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications. | ement of affairs and plan which ors and confirmation hearing, an educe to market value; exc ons as needed; preparation | n may be required; and any adjourned hear emption planning; | rings thereof; |
| б. В | 522(f)(2)(A) for avoidance of liens on ho y agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding. | e does not include the following | g service: cial lien avoidance | es, relief from stay actions or |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of an nkruptcy proceeding. | y agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| Ju | ly 31, 2019 | /s/ Desiree de Mo | ya, Esq. | |
| Da | nte | Signature of Attorned de Moya & Association South Main South Main South Main South Mew City, NY 109 | ciates, P.C. Street 956-3347 | |
| | | desiree@demoya | Fax: (845) 639-4610 alaw.com | |
| | | Name of law firm | | |

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United States Bankruptcy Court Southern District of New York

| In re | Christine A Flynn | | Case No. | 19-22852-rdd |
|-------|-------------------|-----------|----------|--------------|
| | | Debtor(s) | Chapter | 13 |
| | | | | |
| | | | | |
| | | | | |

VERIFICATION OF CREDITOR MATRIX

| VERI | TEATION OF ENEDITOR MATRIX |
|---|--|
| The above-named Debtor hereby verifies that | the attached list of creditors is true and correct to the best of his/her knowledge. |
| Date: July 31, 2019 | /s/ Christine A Flynn Christine A Flynn Signature of Debtor |

CHASE CARD SERVICES ATTN: BANKRUPTCY PO BOX 15298 WILMINGTON, DE 19850

CHASE CARD SERVICES PO BOX 15369 WILMINGTON, DE 19850

FEDERAL NATIONAL MORTGAGE ASSO 780 THIRD AVENUE, 30TH FLOOR NEW YORK, NY 10001

GROSS POLWY LLC 1775 WEHRLE DRIVE SUITE 100 WILLIAMSVILLE, NY 14221

KENNETH FLYNN 3 NORTH WILLIAMS STREET NEW CITY, NY 10956

SELENE FINANCE PO BOX 422039 HOUSTON, TX 77242

SELENE FINANCE 9990 RICHMOND HOUSTON, TX 77042

SETERUS, INC. ATTN: BANKRUPTCY PO BOX 1077 HARTFORD, CT 06143

SETERUS, INC. 8950 CYPRESS WATERS COPPELL, TX 75019